



REQUEST FOR INDIANA SPORT HUNTING AND FISHING LICENSES

State Form 35872 (R4 / 7-03)

Approved by State Board of Accounts, 2003

INSTRUCTIONS: Allow ten (10) working days for processing.

Mail to: Department of Natural Resources
Customer Service Center
402 W. Washington St., Rm. W160
Indianapolis, IN 46204

Type of license requested					
Name of applicant					
Address (number and street or Rural Route)				City	State
County		ZIP code		Telephone number ()	
Date of birth (month, day, year) *	Sex	Color of eyes	Color of hair	Height	Weight
Social Security number **		Hunter education certification number *		State of certification	
Enclosed is my payment of \$_____.				Check number	
Visa / MC number				Expiration date (month, year)	
Signature of applicant				Date signed (month, day, year)	

* Hunters born after 12/31/86 must have Hunter Education Certification number.

** The request for your Social Security number is MANDATORY according to IC 14-22-11-3.